

1 A bill to be entitled
 2 An act relating to physician assistants; amending ss.
 3 458.347 and 459.022, F.S.; authorizing a physician
 4 assistant to execute all practice-related activities
 5 delegated by a supervisory physician unless expressly
 6 prohibited; deleting provisions to conform to changes
 7 made by the act; amending ss. 458.3475, 458.348,
 8 459.023, and 459.025, F.S.; conforming cross-
 9 references; providing an effective date.

10

11 Be It Enacted by the Legislature of the State of Florida:

12

13 Section 1. Subsection (4) of section 458.347, Florida
 14 Statutes, is amended to read:

15 458.347 Physician assistants.—

16 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

17 (a) A physician assistant may execute all practice-related
 18 activities delegated by the supervisory physician unless
 19 expressly prohibited in chapter 458 or chapter 459 or rules
 20 adopted thereunder.

21 ~~(b)(a)~~ The boards shall adopt, by rule, the general
 22 principles that supervising physicians must use in developing
 23 the scope of practice of a physician assistant under direct
 24 supervision and under indirect supervision. These principles
 25 shall recognize the diversity of both specialty and practice
 26 settings in which physician assistants are used.

27 ~~(c)(b)~~ This chapter does not prevent third-party payors
 28 from reimbursing employers of physician assistants for covered

29 services rendered by licensed physician assistants.

30 (d)~~(e)~~ A licensed physician assistant ~~assistants~~ may not
31 be denied clinical hospital privileges, except for cause, so
32 long as the supervising physician is a staff member in good
33 standing.

34 (e)~~(d)~~ A supervisory physician may delegate to a licensed
35 physician assistant, pursuant to a written protocol, the
36 authority to act according to s. 154.04(1)(c). Such delegated
37 authority is limited to the supervising physician's practice in
38 connection with a county health department as defined and
39 established pursuant to chapter 154. The boards shall adopt
40 rules governing the supervision of physician assistants by
41 physicians in county health departments.

42 (f)~~(e)~~ A supervisory physician may delegate to a fully
43 licensed physician assistant the authority to prescribe or
44 dispense any medication used in the supervisory physician's
45 practice unless such medication is listed on the formulary
46 created pursuant to paragraph (g) ~~(f)~~. A fully licensed
47 physician assistant may only prescribe or dispense such
48 medication under the following circumstances:

49 1. A physician assistant must clearly identify to the
50 patient that he or she is a physician assistant. Furthermore,
51 the physician assistant must inform the patient that the patient
52 has the right to see the physician prior to any prescription
53 being prescribed or dispensed by the physician assistant.

54 2. The supervisory physician must notify the department of
55 his or her intent to delegate, on a department-approved form,
56 before delegating such authority and notify the department of

57 any change in prescriptive privileges of the physician
58 assistant. Authority to dispense may be delegated only by a
59 supervising physician who is registered as a dispensing
60 practitioner in compliance with s. 465.0276.

61 3. The physician assistant must file with the department a
62 signed affidavit that he or she has completed a minimum of 10
63 continuing medical education hours in the specialty practice in
64 which the physician assistant has prescriptive privileges with
65 each licensure renewal application.

66 4. The department may issue a prescriber number to the
67 physician assistant granting authority for the prescribing of
68 medicinal drugs authorized within this paragraph upon completion
69 of the foregoing requirements. The physician assistant may ~~shall~~
70 not be required to independently register pursuant to s.
71 465.0276.

72 5. The prescription must be written in a form that
73 complies with chapter 499 and must contain, in addition to the
74 supervisory physician's name, address, and telephone number, the
75 physician assistant's prescriber number. Unless it is a drug or
76 drug sample dispensed by the physician assistant, the
77 prescription must be filled in a pharmacy permitted under
78 chapter 465 and must be dispensed in that pharmacy by a
79 pharmacist licensed under chapter 465. The appearance of the
80 prescriber number creates a presumption that the physician
81 assistant is authorized to prescribe the medicinal drug and the
82 prescription is valid.

83 6. The physician assistant must note the prescription or
84 dispensing of medication in the appropriate medical record.

85 ~~7. This paragraph does not prohibit a supervisory~~
 86 ~~physician from delegating to a physician assistant the authority~~
 87 ~~to order medication for a hospitalized patient of the~~
 88 ~~supervisory physician.~~

89
 90 ~~This paragraph does not apply to facilities licensed pursuant to~~
 91 ~~chapter 395.~~

92 (g) ~~(f)~~1. The council shall establish a formulary of
 93 medicinal drugs that a fully licensed physician assistant having
 94 prescribing authority under this section or s. 459.022 may not
 95 prescribe. The formulary must include controlled substances as
 96 defined in chapter 893, general anesthetics, and radiographic
 97 contrast materials.

98 2. In establishing the formulary, the council shall
 99 consult with a pharmacist licensed under chapter 465, but not
 100 licensed under this chapter or chapter 459, who shall be
 101 selected by the State Surgeon General.

102 3. Only the council shall add to, delete from, or modify
 103 the formulary. Any person who requests an addition, deletion, or
 104 modification of a medicinal drug listed on such formulary has
 105 the burden of proof to show cause why such addition, deletion,
 106 or modification should be made.

107 4. The boards shall adopt the formulary required by this
 108 paragraph, and each addition, deletion, or modification to the
 109 formulary, by rule. Notwithstanding any provision of chapter 120
 110 to the contrary, the formulary rule shall be effective 60 days
 111 after the date it is filed with the Secretary of State. Upon
 112 adoption of the formulary, the department shall mail a copy of

HB 625

2013

113 such formulary to each fully licensed physician assistant having
114 prescribing authority under this section or s. 459.022, and to
115 each pharmacy licensed by the state. The boards shall establish,
116 by rule, a fee not to exceed \$200 to fund the provisions of this
117 paragraph and paragraph (f) ~~(e)~~.

118 (h) A supervisory physician may delegate to a licensed
119 physician assistant the authority to order medications for the
120 supervisory physician's patient in a facility licensed under
121 chapter 395, notwithstanding any provisions in chapter 465 or
122 chapter 893 which may prohibit this delegation.

123 Section 2. Paragraph (b) of subsection (7) of section
124 458.3475, Florida Statutes, is amended to read:

125 458.3475 Anesthesiologist assistants.—

126 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
127 ADVISE THE BOARD.—

128 (b) In addition to its other duties and responsibilities
129 as prescribed by law, the board shall:

130 1. Recommend to the department the licensure of
131 anesthesiologist assistants.

132 2. Develop all rules regulating the use of
133 anesthesiologist assistants by qualified anesthesiologists under
134 this chapter and chapter 459, except for rules relating to the
135 formulary developed under s. 458.347 ~~s. 458.347(4)(f)~~. The board
136 shall also develop rules to ensure that the continuity of
137 supervision is maintained in each practice setting. The boards
138 shall consider adopting a proposed rule at the regularly
139 scheduled meeting immediately following the submission of the
140 proposed rule. A proposed rule may not be adopted by either

141 board unless both boards have accepted and approved the
142 identical language contained in the proposed rule. The language
143 of all proposed rules must be approved by both boards pursuant
144 to each respective board's guidelines and standards regarding
145 the adoption of proposed rules.

146 3. Address concerns and problems of practicing
147 anesthesiologist assistants to improve safety in the clinical
148 practices of licensed anesthesiologist assistants.

149 Section 3. Paragraph (c) of subsection (4) of section
150 458.348, Florida Statutes, is amended to read:

151 458.348 Formal supervisory relationships, standing orders,
152 and established protocols; notice; standards.—

153 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
154 A physician who supervises an advanced registered nurse
155 practitioner or physician assistant at a medical office other
156 than the physician's primary practice location, where the
157 advanced registered nurse practitioner or physician assistant is
158 not under the onsite supervision of a supervising physician,
159 must comply with the standards set forth in this subsection. For
160 the purpose of this subsection, a physician's "primary practice
161 location" means the address reflected on the physician's profile
162 published pursuant to s. 456.041.

163 (c) A physician who supervises an advanced registered
164 nurse practitioner or physician assistant at a medical office
165 other than the physician's primary practice location, where the
166 advanced registered nurse practitioner or physician assistant is
167 not under the onsite supervision of a supervising physician and
168 the services offered at the office are primarily dermatologic or

169 skin care services, which include aesthetic skin care services
170 other than plastic surgery, must comply with the standards
171 listed in subparagraphs 1.-4. Notwithstanding s. 458.347 ~~s.~~
172 ~~458.347(4)(e)6.~~, a physician supervising a physician assistant
173 pursuant to this paragraph may not be required to review and
174 cosign charts or medical records prepared by such physician
175 assistant.

176 1. The physician shall submit to the board the addresses
177 of all offices where he or she is supervising an advanced
178 registered nurse practitioner or a physician ~~physician's~~
179 assistant which are not the physician's primary practice
180 location.

181 2. The physician must be board certified or board eligible
182 in dermatology or plastic surgery as recognized by the board
183 pursuant to s. 458.3312.

184 3. All such offices that are not the physician's primary
185 place of practice must be within 25 miles of the physician's
186 primary place of practice or in a county that is contiguous to
187 the county of the physician's primary place of practice.
188 However, the distance between any of the offices may not exceed
189 75 miles.

190 4. The physician may supervise only one office other than
191 the physician's primary place of practice except that until July
192 1, 2011, the physician may supervise up to two medical offices
193 other than the physician's primary place of practice if the
194 addresses of the offices are submitted to the board before July
195 1, 2006. ~~Effective July 1, 2011,~~ The physician may supervise
196 only one office other than the physician's primary place of

197 practice, regardless of when the addresses of the offices were
198 submitted to the board.

199 Section 4. Subsection (4) of section 459.022, Florida
200 Statutes, is amended to read:

201 459.022 Physician assistants.—

202 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

203 (a) A physician assistant may execute all practice-related
204 activities delegated by the supervisory physician unless
205 expressly prohibited in chapter 458 or chapter 459 or rules
206 adopted thereunder.

207 (b)-(a) The boards shall adopt, by rule, the general
208 principles that supervising physicians must use in developing
209 the scope of practice of a physician assistant under direct
210 supervision and under indirect supervision. These principles
211 shall recognize the diversity of both specialty and practice
212 settings in which physician assistants are used.

213 (c)-(b) This chapter does not prevent third-party payors
214 from reimbursing employers of physician assistants for covered
215 services rendered by licensed physician assistants.

216 (d)-(e) Licensed physician assistants may not be denied
217 clinical hospital privileges, except for cause, so long as the
218 supervising physician is a staff member in good standing.

219 (e)-(d) A supervisory physician may delegate to a licensed
220 physician assistant, pursuant to a written protocol, the
221 authority to act according to s. 154.04(1)(c). Such delegated
222 authority is limited to the supervising physician's practice in
223 connection with a county health department as defined and
224 established pursuant to chapter 154. The boards shall adopt

225 rules governing the supervision of physician assistants by
226 physicians in county health departments.

227 (f)~~(e)~~ A supervisory physician may delegate to a fully
228 licensed physician assistant the authority to prescribe or
229 dispense any medication used in the supervisory physician's
230 practice unless such medication is listed on the formulary
231 created pursuant to s. 458.347. A fully licensed physician
232 assistant may only prescribe or dispense such medication under
233 the following circumstances:

234 1. A physician assistant must clearly identify to the
235 patient that she or he is a physician assistant. Furthermore,
236 the physician assistant must inform the patient that the patient
237 has the right to see the physician prior to any prescription
238 being prescribed or dispensed by the physician assistant.

239 2. The supervisory physician must notify the department of
240 her or his intent to delegate, on a department-approved form,
241 before delegating such authority and notify the department of
242 any change in prescriptive privileges of the physician
243 assistant. Authority to dispense may be delegated only by a
244 supervisory physician who is registered as a dispensing
245 practitioner in compliance with s. 465.0276.

246 3. The physician assistant must file with the department a
247 signed affidavit that she or he has completed a minimum of 10
248 continuing medical education hours in the specialty practice in
249 which the physician assistant has prescriptive privileges with
250 each licensure renewal application.

251 4. The department may issue a prescriber number to the
252 physician assistant granting authority for the prescribing of

HB 625

2013

253 medicinal drugs authorized within this paragraph upon completion
254 of the foregoing requirements. The physician assistant may ~~shall~~
255 not be required to independently register pursuant to s.
256 465.0276.

257 5. The prescription must be written in a form that
258 complies with chapter 499 and must contain, in addition to the
259 supervisory physician's name, address, and telephone number, the
260 physician assistant's prescriber number. Unless it is a drug or
261 drug sample dispensed by the physician assistant, the
262 prescription must be filled in a pharmacy permitted under
263 chapter 465, and must be dispensed in that pharmacy by a
264 pharmacist licensed under chapter 465. The appearance of the
265 prescriber number creates a presumption that the physician
266 assistant is authorized to prescribe the medicinal drug and the
267 prescription is valid.

268 6. The physician assistant must note the prescription or
269 dispensing of medication in the appropriate medical record.

270 ~~7. This paragraph does not prohibit a supervisory~~
271 ~~physician from delegating to a physician assistant the authority~~
272 ~~to order medication for a hospitalized patient of the~~
273 ~~supervisory physician.~~

274
275 ~~This paragraph does not apply to facilities licensed pursuant to~~
276 ~~chapter 395.~~

277 (g) A supervisory physician may delegate to a licensed
278 physician assistant the authority to order medications for the
279 supervisory physician's patient in a facility licensed under
280 chapter 395, notwithstanding any provisions in chapter 465 or

281 chapter 893 which may prohibit this delegation.

282 Section 5. Paragraph (b) of subsection (7) of section
283 459.023, Florida Statutes, is amended to read:

284 459.023 Anesthesiologist assistants.—

285 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
286 ADVISE THE BOARD.—

287 (b) In addition to its other duties and responsibilities
288 as prescribed by law, the board shall:

289 1. Recommend to the department the licensure of
290 anesthesiologist assistants.

291 2. Develop all rules regulating the use of
292 anesthesiologist assistants by qualified anesthesiologists under
293 this chapter and chapter 458, except for rules relating to the
294 formulary developed under s. 458.347 ~~s. 458.347(4)(f)~~. The board
295 shall also develop rules to ensure that the continuity of
296 supervision is maintained in each practice setting. The boards
297 shall consider adopting a proposed rule at the regularly
298 scheduled meeting immediately following the submission of the
299 proposed rule. A proposed rule may not be adopted by either
300 board unless both boards have accepted and approved the
301 identical language contained in the proposed rule. The language
302 of all proposed rules must be approved by both boards pursuant
303 to each respective board's guidelines and standards regarding
304 the adoption of proposed rules.

305 3. Address concerns and problems of practicing
306 anesthesiologist assistants to improve safety in the clinical
307 practices of licensed anesthesiologist assistants.

308 Section 6. Paragraph (c) of subsection (3) of section

309 459.025, Florida Statutes, is amended to read:

310 459.025 Formal supervisory relationships, standing orders,
311 and established protocols; notice; standards.—

312 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

313 An osteopathic physician who supervises an advanced registered
314 nurse practitioner or physician assistant at a medical office
315 other than the osteopathic physician's primary practice
316 location, where the advanced registered nurse practitioner or
317 physician assistant is not under the onsite supervision of a
318 supervising osteopathic physician, must comply with the
319 standards set forth in this subsection. For the purpose of this
320 subsection, an osteopathic physician's "primary practice
321 location" means the address reflected on the physician's profile
322 published pursuant to s. 456.041.

323 (c) An osteopathic physician who supervises an advanced
324 registered nurse practitioner or physician assistant at a
325 medical office other than the osteopathic physician's primary
326 practice location, where the advanced registered nurse
327 practitioner or physician assistant is not under the onsite
328 supervision of a supervising osteopathic physician and the
329 services offered at the office are primarily dermatologic or
330 skin care services, which include aesthetic skin care services
331 other than plastic surgery, must comply with the standards
332 listed in subparagraphs 1.-4. Notwithstanding s. 459.022 ~~s.~~
333 ~~459.022(4)(e)6.~~, an osteopathic physician supervising a
334 physician assistant pursuant to this paragraph may not be
335 required to review and cosign charts or medical records prepared
336 by such physician assistant.

337 1. The osteopathic physician shall submit to the Board of
 338 Osteopathic Medicine the addresses of all offices where he or
 339 she is supervising or has a protocol with an advanced registered
 340 nurse practitioner or a physician ~~physician's~~ assistant which
 341 are not the osteopathic physician's primary practice location.

342 2. The osteopathic physician must be board certified or
 343 board eligible in dermatology or plastic surgery as recognized
 344 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

345 3. All such offices that are not the osteopathic
 346 physician's primary place of practice must be within 25 miles of
 347 the osteopathic physician's primary place of practice or in a
 348 county that is contiguous to the county of the osteopathic
 349 physician's primary place of practice. However, the distance
 350 between any of the offices may not exceed 75 miles.

351 4. The osteopathic physician may supervise only one office
 352 other than the osteopathic physician's primary place of practice
 353 except that until July 1, 2011, the osteopathic physician may
 354 supervise up to two medical offices other than the osteopathic
 355 physician's primary place of practice if the addresses of the
 356 offices are submitted to the Board of Osteopathic Medicine
 357 before July 1, 2006. ~~Effective July 1, 2011,~~ The osteopathic
 358 physician may supervise only one office other than the
 359 osteopathic physician's primary place of practice, regardless of
 360 when the addresses of the offices were submitted to the Board of
 361 Osteopathic Medicine.

362 Section 7. This act shall take effect July 1, 2013.